



OFFICIAL RESPONSES TO VENDOR QUESTIONS  
 State Youth Treatment Implementation – Treatment Providers  
 RFP-2019-DBH-02-STATE

No.	Question	Answer
1.	<b>Page 8, Section 3.2.2.</b> What is the preferred level of intensity of services you are expecting the successful bidder to provide?	The minimum level of intensity is 1.0 and maximum is 2.1 of the ASAM criteria. There is not a set expectation from the State's perspective on a level of intensity.
2.	<b>Page 8, Section 3.2.3.1.</b> Are vendors expected to provide existing licenses to provide IOP?	No. Vendors need to have a minimum of two years' experience in offering SUD treatment services. Should a vendor be interested in expanding their current service array to include an IOP, a preexisting license is not necessary.
3.	<b>Page 9, Section 3.2.6.5</b> Will the State provide training to CRSW's and LADC's in providing recovery support services in specialized treatment of youth?	Yes. The State's workforce contractor will oversee this training to the vendor's individuals who will be providing recovery support services.
4.	<b>Page 9, Section 3.2.9.</b> What is meant by, offering services regardless of participation status?	A full continuum of services is expected to be available to all program participants, even in the case of a low census.
5.	<b>Page 11, Section 3.2.16.1.</b> a) How are clients discovered/obtained?  b) Is there a specific referral path?	a) Through references, including, but not limited to: schools, child and family serving state agencies, primary care professionals, psychiatric facilities, residential SUD treatment facilities, police, mental health professionals, parents or caregiver youth themselves; and, youth serving organizations.  b) No. Anyone can make a referral on someone's behalf or individuals may choose to self-refer.



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	c) Is there an expectation of the percentage of “blend of both” minor youths (12-17) versus transitional age youth (18-25)?	c) No.
6.	<p><b>Page 11, Section 3.2.18.</b></p> <p>a) What does this section mean?</p> <p>b) Are you asking that all treatment providers be trained both in SUD and co-occurring behavioral health disorders, rather than that the program must make both forms of treatment available?</p> <p>c) Will the Department provide training for EBP’s specified as required by the Department specific to adolescents and transitional-aged youth?</p>	<p>a) Each vendor will be provided training by the State in the program’s selected EBP, The Seven Challenges.</p> <p>b) The Seven Challenges is an evidence based practice that is designed to simultaneously treat the symptoms of the youth and transitional aged young adults substance use disorder AND co-occurring mental health diagnosis. Should any additional mental health treatment be needed by the client, the vendor can make a facilitated referral, as appropriate.</p> <p>c) Yes. This project has a workforce partner that will train on the identified EBP.</p>
7.	<p><b>Page 12, Section 3.2.23.3.</b></p> <p>a) Will GPRA data be managed by the regional HUB’s?</p> <p>b) If GPRA is managed by the HUB’s, how will minor confidentiality laws and 42 CFR Part 2 remain in compliance?</p>	<p>a) No. For this program, the GPRA data will be collected by the Vendor for each client and sent to the contracted Evaluator. The GPRA data is de-identified prior to being shared with the evaluation contractor.</p> <p>b) The HUBs will not be collecting any data for this project. The two (2) projects will work in alignment, but are separate from</p>



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	c) Will the Department plan to issue guidance on the use of GPRA in relation to confidentiality and youths?	<p>each other. Therefore, 42 CFR Part 2 is not in question. The GPRA data is de-identified prior to being shared with the evaluation contractor.</p> <p>c) Yes. There will be an initial training provided by the State for each Vendor in the collection and expectations of GPRA data.</p>
8.	<p><b>Page 13, Section 3.2.27.</b>                      This section states that, “<i>Vendors must offer the full spectrum of intensive outpatient services...</i>”, while section 3.2.27.9 states that, “<i>referrals to intensive outpatient program...</i>”, can be made as appropriate.                      Can vendors choose to provide an outpatient level of care, and work in collaboration through referral to other levels of care on the continuum, or are we required to provide direct intensive outpatient services?</p>	<p>Vendors are expected to offer 1.0 level of care utilizing The Seven Challenges. Should a client need 2.0 level of care or higher, the Vendor can refer him or her to a more appropriate treatment center that provides level 2.0 or higher.</p>



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9.	<p><b>Page 14, Section 3.2.30.3</b>  <b>This section reference RSA 318-B:12a Treatment for Drug Abuse.</b></p> <p>a) If a parent/guardian has valid insurance that provides coverage for the minor child, does this statute prevent a provider from billing that insurance for SUD services provided if the minor does not allow for parental consent to treatment?</p> <p>b) If a provider is not allowed to bill a valid third party insurance, would those services then be fully reimbursable under this grant or through other means?</p> <p>c) Will the Department issue guidance on how vendor agencies will resolve confidentiality differentiation between, <i>"must obtain written consent for treatment from the parent or legal guardian..."</i>, and vendor agency cannot deny services to, <i>"adolescent decision to receive confidential services pursuant to 318-B:12-a"</i>?</p>	<p>a) This limited number of youth would be treated as though he or she is uninsured. Reference answer 9b) below.</p> <p>b) Should a client not be insured or underinsured, there are limited grant dollars to cover the cost of services, while the Vendor assists the client in getting appropriate insurance. However, it is important to note that these grant dollars are only applicable to uninsured or underinsured clients between 16-18 years of age.</p> <p>c) The Vendor is expected to utilize counseling strategies to support a client in communicating with his or her parent/legal guardian for both consent and familial support in the client's treatment. Should this not be obtained, the treatment provider is still expected to service a client's needs, as mandated by the statute.</p>



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10.	<b>Page 14, Section 3.2.34.</b> Who is the approved NH Care Management Entity?	NFI North is the current Care Management Entity that is contracted with the State.
11.	<b>Page 16, Section 3.2.43.1</b> a) How does the tight timing of the State billing work with the time it takes to complete insurance billing and receive denial?  b) Is billing permitted for prior period?  c) Are the invoices submitted per this section paid from Grant funds included in the total available funding for this RFP, or from State General Fund dollars?	a) When invoicing for services rendered to uninsured and underinsured youth, that invoice would be due to DHHS within 45 days of the Vendor receiving an insurance denial. For all other costs, the expectation would be for the Vendor to invoice DHHS within 45 days from the date of expense. When billing Medicaid, private insurance or another third party for services rendered to clients, the Vendor should follow those company's billing practices.  b) Billing is permitted for a period up to 45 days prior to invoice submission.  c) These invoices will be paid from the Grant funds included in the total available RFP.
12.	<b>Page 22, Section 4.2.1.</b> Is the annual available funding intended to be the limit per contract, or the collective limit for all four (4) contracts?	It is the collective limit for all 4 contracts. Vendors should remain cognizant of the fact that the majority of the monetary compensation for participating in this program will be through the Vendor's billing the client's insurance, including the State's SUD Medicaid benefit or client's private insurance.
13.	Is there a match required for this project?	No.



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14.	Should applicants prepare a one year budget, or a budget that covers the entire project until 9/30/2021?	See Section 4.2.1. and Appendix D. Complete one budget form for each budget period, through 9/30/2021.
15.	<b>Appendix B, Exhibit C, Page 5 of 5 Definitions, Contractor Manual.</b> a) Can DHHS provide a paper copy or link to an electronic version of this document?  b) If this cannot be produced for review will DHHS remove this from the Exhibit?	a) <a href="http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-LV-541-A.htm">http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-LV-541-A.htm</a>  b) The Exhibit C is a NH Department of Administrative Services document.
16.	Are there any restrictions on the length of the answers to the questions in the RFP?	No.
17.	The RFP requires that the Seven Challenges program be utilized in the delivery of treatment. Since the four (4) projects will all have to become trained in this practice, will the State assist in the cost of this training for all projects outside of the total funds available?	Yes. The State will be covering the entire cost of the training for all 4 sites.



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18.	<p>The RFP states that if NH WrapAround services is needed for identified youth and that if that individual doesn't have the necessary insurance to cover the cost, the vendor must <i>"pay the CME for that participation with grant funds..."</i> (p14).</p> <p>a) Does the state expect that the Vendor would pay the Medicaid rate for that service?</p> <p>b) What is the Medicaid rate?</p>	<p>a) Yes. This cost has been added to the total funds available in the RFP.</p> <p>b) NH Wraparound- \$70/day for sub population of youth, up to 20 individuals per year.</p> <p>Youth Peer Support - \$40/ per hour for engaged youth for approximately 3 hours a week.</p> <p>Family Peer Support - at \$80/ hour for engaged families for approximately 3 hours a week.</p>